



# The Standard<sup>®</sup>

Standard Insurance Company  
Individual Annuities 800.247.6888 Tel 800.378.4570 Fax  
1100 SW Sixth Avenue Portland OR 97204-1093 [www.standard.com](http://www.standard.com)

## Immediate Annuity Application

### 1 Purchase

<input type="checkbox"/> Tailored Income Annuity <input type="checkbox"/> Other _____
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### 2 Owner(s)

PRIMARY/TRUST/BUSINESS ENTITY NAME	SSN (or TIN)	BIRTH/TRUST DATE	
TRUSTEE/BUSINESS REPRESENTATIVE NAME(S)			
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Applicable	PHONE		
ADDRESS	CITY	STATE	ZIP CODE

JOINT/CONTINGENT NAME	SSN (or TIN)	BIRTH DATE	
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	PHONE		
ADDRESS	CITY	STATE	ZIP CODE

### 3 Annuitant(s) (Complete only if Annuitant(s) is not Owner(s).)

PRIMARY NAME	SSN (or TIN)	BIRTH DATE	
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	PHONE		
ADDRESS	CITY	STATE	ZIP CODE

JOINT/CONTINGENT NAME	SSN (or TIN)	BIRTH DATE	
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	PHONE		
ADDRESS	CITY	STATE	ZIP CODE

### 4 Beneficiary Designation (To designate multiple primary and/or contingent beneficiaries, instead attach form 6304.)

PRIMARY NAME	SSN (or TIN)	BIRTH/TRUST DATE	
ADDRESS	CITY	STATE	ZIP CODE

CONTINGENT NAME	SSN (or TIN)	BIRTH/TRUST DATE	
ADDRESS	CITY	STATE	ZIP CODE

### 5 Annuity Purpose

<input type="checkbox"/> Non-Qualified <input type="checkbox"/> IRA <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> 403(b) TSA <input type="checkbox"/> Non-ERISA <input type="checkbox"/> ERISA with contributions from: <input type="checkbox"/> Participant <input type="checkbox"/> Employer <input type="checkbox"/> Qualified Pension: _____ (Attach form 5835.) <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Defined Contribution <div style="text-align: center; margin-left: 100px;">PLAN YEAR</div>
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## Notices and Disclosures

### Contract Return; Information Request

The owner(s) may return the contract for any reason within thirty (30) days after it is received. If the contract is returned, The Standard will: (a) cancel the contract from the beginning; and (b) promptly refund any premium paid by the owner(s), less any prior partial withdrawals. Upon the written request of the owner(s), The Standard will provide factual information about the contract's benefits and provisions within a reasonable time.

### Applies if the annuity is purchased through a bank or credit union.

The annuity is not a deposit. The annuity is not guaranteed by any bank or credit union. The annuity is not insured by the FDIC or by any other governmental agency. The purchase of an annuity is not a provision or condition of any bank or credit union activity. Some annuities are subject to investment risk and they may go down in value.

### State Fraud Notices

**AR, KY, LA, ME, NM, OH, OK, PA and TN Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**CO Residents:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of any insurance company who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division Of Insurance of Regulatory Services.

**DC Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FL Residents:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any materially false, incomplete, or misleading information is guilty of a felony of the third degree.

**MD Residents:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NJ Residents:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**WA Residents:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

### Privacy Statement

I understand that, in the course of processing my application, Standard Insurance Company may collect personal information about: (a) me; and (b) others I have identified in this application, e.g. beneficiaries, policyowners and annuitants. I understand that the personal information may include information about my: (a) age; (b) occupation; (c) income; (d) finances; and (e) other insurance. Standard Insurance Company may obtain personal information from: (a) this application; (b) other forms I submit to Standard Insurance Company; (c) an employer; (d) an insurance sales representative; (e) other insurance companies; (f) Standard Insurance Company's Web sites; and (g) any other person, organization or institution having records or knowledge of me that are necessary to process this transaction. In the course of processing this transaction there may be circumstances in which Standard Insurance Company discloses to other parties the information collected about me. I authorize Standard Insurance Company to disclose personal information to: (a) an employer (such as name, employment status and Social Security number); (b) organizations or persons, including insurance sales representatives, that perform services or functions necessary to process this transaction; and (c) other insurance companies. No other disclosure may be made without my further authorization except: (a) to the extent necessary for the conduct of Standard Insurance Company's business; or (b) as permitted or required by law. I understand that failure to sign the authorization may: (a) impair the ability to process my application or evaluate my claim for benefits; and (b) be the basis for denying my application or my claim for benefits. I understand that this authorization: (a) will automatically expire 24 months following the date of my signature below; (b) may be revoked by me at any time by sending a written request for revocation to Standard Insurance Company at the address shown above; and (c) such revocation may be the basis for denying my application or my claim for benefits. I also understand that: (a) I or my authorized representative has the right to request a copy of my authorization and to learn the nature and substance of any personal information about me in Standard Insurance Company's file; (b) I have the right to ask Standard Insurance Company to correct or amend such information, if necessary; and (c) Standard Insurance Company will carefully review my request and, where appropriate, make the necessary change. To obtain further information about these rights and Standard Insurance Company's information practices, I have been informed that I may request a copy of Standard Insurance Company's Notice of Information Practices by contacting the Annuity Department at the above address.

6 Premium

TOTAL AMOUNT	AMOUNT ATTACHED	ESTIMATED AMOUNT FORTHCOMING
MONEY SOURCE <input type="checkbox"/> New Investment <input type="checkbox"/> Rollover (Attach form 12213.) <input type="checkbox"/> Transfer (Attach form 12213.) <input type="checkbox"/> 1035 Exchange (Attach form 12213.)		

7 Income Option Selection (Attach proof of age. Attach a signed copy of the contract illustration.)

<input type="checkbox"/> <b>Life Income</b> <input type="checkbox"/> Add <b>Life Income Commutation</b> feature. <input type="checkbox"/> Add <b>Inflation Protection</b> feature with an increasing benefit of <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 %
<input type="checkbox"/> <b>Life Income with Installment Refund</b> <input type="checkbox"/> Add <b>Life Income Commutation</b> feature.
<input type="checkbox"/> <b>Life Income with Certain Period</b> of <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> _____ years <input type="checkbox"/> Add <b>Life Income Commutation</b> feature. <input type="checkbox"/> Add <b>Inflation Protection</b> feature with an increasing benefit of <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 %
<input type="checkbox"/> <b>Joint and Survivor Life Income</b> with survivor payment of <input type="checkbox"/> 50% <input type="checkbox"/> 66⅔% <input type="checkbox"/> 75% <input type="checkbox"/> 100%
<input type="checkbox"/> <b>Joint and Survivor Life Income with Installment Refund</b>
<input type="checkbox"/> <b>Joint and Survivor Life Income with Certain Period</b> of <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> _____ years
<input type="checkbox"/> <b>Joint and Contingent Survivor Life Income</b>
<input type="checkbox"/> <b>Certain Period</b> of <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> _____ years <input type="checkbox"/> Add <b>Inflation Protection</b> feature with an increasing benefit of <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 %

8 Payments

(Attach form 5031 or IRS forms W-9 and W-4P. Routine payments can be made via direct deposit by attaching form 11426.)

DATE OF FIRST PAYMENT	MODAL PERIOD <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually
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If no date is indicated or funds are not received by the date requested, the first payment will be made after one completed modal period (based on the mode selected) after Standard Insurance Company receives the full premium payment.

9 Remarks (For any additional remarks that are attached to this application, be sure to sign and date all papers.)

STANDARD INSURANCE COMPANY HOME OFFICE USE (WV residents must consent in writing to any changes shown in this section.)

## Declarations and Signatures

10 Owner(s) and Annuitant(s) (For a tax-qualified plan, attach form **13018** for spousal consent, if applicable.)

<b>A</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	The owner(s) has(have) existing life or annuity policies. (For states using replacement form <b>10443</b> , attach that form.)
<b>B</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	To the best of my(our) knowledge, the contract applied for will replace an existing life insurance or annuity contract. In the event of replacement, I(we) understand that the agent must leave the original or a copy of all written or printed communications used for presentation to me (us). (If <b>Yes</b> , include a state replacement form where required.)
<b>C</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	I(We): (1) understand and acknowledge that Standard Insurance Company does not offer legal, financial, tax, investment or estate-planning advice; and (2) have had the opportunity to seek such advice from the proper sources before purchasing this contract. I(We) have determined that the purchase of this annuity is suitable given my(our) legal, financial, tax, investment, estate-planning or other goals or circumstances.
<b>D</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	I(We): (1) have received a copy of the product disclosure; and (2) have signed and attached a copy of the contract illustration.

I(We) represent that all statements and answers to questions herein are true and complete to the best of my(our) belief and knowledge. I(We) understand that the application will be attached to and made part of the annuity contract.

PRIMARY OWNER SIGNATURE	DATE	SIGNED AT (CITY, STATE)
JOINT/CONTINGENT OWNER SIGNATURE	DATE	SIGNED AT (CITY, STATE)
PRIMARY ANNUITANT SIGNATURE (IF NOT OWNER)	DATE	SIGNED AT (CITY, STATE)
JOINT/CONTINGENT ANNUITANT SIGNATURE (IF NOT OWNER)	DATE	SIGNED AT (CITY, STATE)

## 11 Insurance Broker

NAME	E-MAIL	PHONE	
BUSINESS OR INSTITUTION NAME			
ADDRESS	CITY	STATE	ZIP CODE
LICENSE NUMBER	STANDARD INSURANCE COMPANY PRODUCER IDENTIFICATION		

I declare that: (a) the application was signed and dated by the owner(s) and by the annuitant(s), if not the owners(s), after all answers and information were recorded herein; and (b) I have truly and accurately recorded on this form all of the information provided by the owner(s) and the annuitant(s), if not the owner(s).

<b>A</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	The owner(s) has(have) existing life or annuity policies. (For states using replacement form <b>10443</b> , attach that form.)
<b>B</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	To the best of my knowledge, the contract applied for will replace an existing life insurance or annuity contract. (If <b>Yes</b> , include a state replacement form where required.)
<b>C</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	I certify that a copy of the product disclosure and a signed contract illustration was presented to and left with the applicant.
<b>D</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	I certify that (a) the suitability requirements applicable to this annuity have been met; (b) I have completed the suitability section of the disclosure statement with the applicant(s); (c) a copy of that form has been left with the applicant(s); and (d) a copy of the form is enclosed with this application.
<b>E</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	I certify that I have verified the identity of each owner and annuitant by reviewing a government-issued photo identification.

INSURANCE BROKER SIGNATURE	DATE	SIGNED AT (CITY, STATE)
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Qualified Joint and Survivor Annuity Notice (Applicable only if a plan is subject to ERISA provisions.)

## Qualified Joint and Survivor Annuity

### Married Participants

The law requires that benefits from this plan be paid in the form of a Qualified Joint and Survivor Annuity (“QJSA”), unless you elect another benefit option offered by the plan. If you decide to elect a benefit option other than a QJSA, then your spouse must consent in writing to your election. Your spouse's signature must be witnessed by a Plan Representative or a Notary Public. Your election must be made no more than 90 days prior to the date distributions commence (however, at least seven days must elapse from the time you receive this QJSA explanation to the time of the distribution). The election (or spousal consent to the election) may be revoked at any time within those 90 days. If you decide to change the benefit option before distributions commence, then you must again obtain your spouse's written consent as described above.

For married participants, a QJSA benefit is a Joint and Survivor Annuity. Monthly payments are made for your life. After your death, monthly payments, usually of 50 percent of the amount you received, are made to your spouse for life. The total amount payable as a QJSA must be the actuarial equivalent of the amount that would be payable to you in a Life annuity. The monthly payment amount paid during your life will be less than it would be in a Life Annuity based on a single life.

The law also requires that any and all survivor benefits from this plan be paid to your spouse, unless you designate a different beneficiary. If you decide to designate a beneficiary other than your spouse, then your spouse must consent in writing to your beneficiary designation. Your spouse's signature must be witnessed by a Plan Representative or a Notary Public.

### Unmarried Participants

The law requires that, unless you elect otherwise, benefits from this plan be paid in the form of a Single Life Annuity: you will receive monthly payments for your life, and then no payments are made after your death. If you decide to elect another benefit option offered by the plan, your election must be made no more than 90 days prior to the date distributions commence (however, at least seven days must elapse from the time you receive this QJSA explanation to the time of the distribution). You may revoke your election at any time within those 90 days.

If any survivor benefits are payable through the benefit payment option you have chosen, then you may designate a beneficiary to receive those survivor benefits.

1 Spousal Consent (Applicable only if a plan is subject to ERISA provisions.)

I am  Married  Not Married  Married, but cannot locate my spouse

**Important:** This section must be completed if this 403(b) TSA is subject to the provisions of the Employee Retirement Income Security Act (ERISA). If you are not sure whether or not this 403(b) TSA plan is administered under ERISA, please contact one of our annuity specialists at (800) 247-6888. Your spouse must complete this section if your account balance has ever been greater than \$5,000. Your spouse's signature must be witnessed by an Authorized Plan Representative or a Notary Public.

SPOUSE NAME

I understand that by signing below I give my consent to this distribution. Furthermore, I acknowledge that this transaction/policy change may result in the reduction of benefits that might otherwise have become distributable under this plan. I have read and understand the explanation of the Qualified Joint and Survivor Annuity. If my spouse did not select a QJSA, I consent to payment in the form selected.

\_\_\_\_\_ SPOUSE SIGNATURE

\_\_\_\_\_ DATE

WITNESS NAME AND TITLE

\_\_\_\_\_ WITNESS SIGNATURE

\_\_\_\_\_ DATE

State of \_\_\_\_\_ County of \_\_\_\_\_

STAMP

Subscribed and sworn/affirmed before me this \_\_\_\_\_ day on

\_\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_ NOTARY PUBLIC SIGNATURE

\_\_\_\_\_ DATE

Notary Public for \_\_\_\_\_ state. My commission expires \_\_\_\_\_.

AUTHORIZED PLAN REPRESENTATIVE NAME (Required only if there is no spouse signature and the vested account balance was ever more than \$5,000.)

I, as authorized plan representative, hereby state that it is established to my satisfaction that spousal consent to the above choice cannot be obtained because the participant is unmarried, or the participant's spouse is unavailable for consent, or because of other legitimate circumstances that prevent obtaining spousal signature.

\_\_\_\_\_ AUTHORIZED PLAN REPRESENTATIVE SIGNATURE

\_\_\_\_\_ DATE

2 Authorization

I have read and understand the explanation of the Qualified Joint and Survivor Annuity. As required by regulations, I certify that at least seven (7) days have elapsed since I received the QJSA explanation. If I did not select a QJSA, I elect to waive payment of my benefits in the form of a QJSA and to receive payment in the form selected. If I designated a joint annuitant or beneficiary other than my spouse, I elect to waive payment of any survivor benefits to my spouse. I have the right to revoke either election at any time prior to the date my benefit payments begin. I understand that after payments begin, my election is irrevocable.

I have completed appropriate sections of this form and represent that all information is true and accurate.

\_\_\_\_\_ OWNER OR PARTICIPANT SIGNATURE

\_\_\_\_\_ DATE

\_\_\_\_\_ OWNER SIGNATURE

\_\_\_\_\_ DATE



1 Identification

TAXPAYER NAME	POLICY NUMBER(S)		
ADDRESS	CITY	STATE	ZIP CODE

Withholding Certificate for Pension or Annuity Payments — Substitute IRS Form W-4P

2 Federal Income Tax Withholding

1 Check here if you **do not want any** Federal income tax withheld from your pension or annuity.   
(Do not complete lines 2 or 3).

2 Total number of allowances and marital status you are claiming for withholding from each **periodic** pension or annuity payment. (You may also designate an additional dollar amount on line 3.) \_\_\_\_\_ ALLOWANCES  
 Single     Married     Married, but withhold at higher "Single" rate

3 Additional amount, if any, you want withheld from each pension or annuity payment \$ \_\_\_\_\_ AMOUNT  
(Note: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.)

3 State Income Tax Withholding

1 State for income tax withholding \_\_\_\_\_ STATE     Withhold     Do Not Withhold (unless required)

2 Additional amount, if any, you want withheld from each pension or annuity payment \$ \_\_\_\_\_ AMOUNT

Request for Taxpayer Identification Number and Certification — Substitute IRS Form W-9

This form is required. If the form is not on file, Standard Insurance Company will be required to withhold income taxes according to Internal Revenue Service guidelines. You (as payee) are required by law to provide Standard Insurance Company (as payor) with your correct taxpayer identification number (generally your Social Security number). Failure to do so may result in a \$50 penalty imposed by the Internal Revenue Service. In addition, in the event of such failure, we are required to withhold from your taxable distribution according to current regulation, regardless of your withholding election above.

4 Taxpayer Identification Number (TIN)

TAX IDENTIFICATION NUMBER (E.G. SOCIAL SECURITY NUMBER)

5 Certification

Under penalties of perjury, I certify that:

1 The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**

2 I am not subject to backup withholding because: (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. **and**

3 I am a U.S. person (including a U.S. resident alien).

Important Note: You must STRIKE OUT the language in section (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

6 Authorization

I have completed appropriate sections of this form and represent that all information is true and accurate. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

\_\_\_\_\_ TAXPAYER SIGNATURE \_\_\_\_\_ DATE





The purpose of this profile is to help your insurance broker determine if the annuity product you are purchasing from The Standard is suitable based on your financial situation and goals. You must complete this profile in its entirety and submit it with your application for The Standard to proceed with your purchase.

**A. OWNER INFORMATION**

Full Legal Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Are you actively employed?  Yes  No Anticipated Retirement Age \_\_\_\_\_

**B. FINANCIAL GOALS AND OBJECTIVES**

1. Why are you considering purchasing this annuity?  
(check all that apply).....  Immediate Income  Long-Term or Lifetime Income  
 Tax Deferral  Assets for Beneficiaries  
 Estate Planning  Retirement  
 Safety of Funds  Other \_\_\_\_\_

2. What is your financial time horizon for achieving this annuity's goals?  
 Less than one year  1-5 years  6-10 years  
 Longer than 10 years

3. How long do you plan to keep this annuity?  
\_\_\_\_\_ years

4. Which financial products do you own or have you previously owned? (check all that apply)  
 Deferred Annuities  Immediate Annuities  
 Life Insurance  Certificates of Deposit  
 Stocks/Bonds/Mutual Funds  
 Other \_\_\_\_\_

5. What sources of funds will be used for the purchase of this annuity? (check all that apply)  
 Other Annuities  Life Insurance  
 Savings/Checking  Certificates of Deposit  
 Money Market  Stocks/Bonds/Mutual Funds  
 Loan  IRA or Retirement Plan  
 Other \_\_\_\_\_

6. Is the source of funds a life insurance policy or annuity contract? .....  Yes  No  
If yes:  
a. Will you incur a surrender charge by exchanging your old policy? .....  Yes  No  
If so, what is the surrender charge (including, if applicable, MVA or other adjustments) on each policy being replaced? .... Policy 1: \_\_\_\_\_% Policy 2: \_\_\_\_\_%  
Policy 3: \_\_\_\_\_% Policy 4: \_\_\_\_\_%

b. Will a market value adjustment reduce the value of the replaced contract? .....  Yes  No

c. Will you lose existing benefits by surrendering your existing policy? (check all that apply).....  Yes  No  
 Death Benefit  Living Benefit  
 Interest Bonus  Persistency Bonus  
 Higher Guaranteed Interest Rate  
 Other \_\_\_\_\_

**Submit original with application. Leave copy with applicant. Keep copy in producer file.**

Incomplete without all pages and signatures



**B. FINANCIAL GOALS AND OBJECTIVES (cont.)**

d. By proceeding with the proposed exchange or replacement, will you be subject to increased fees, investment advisory fees, or charges for riders and similar product enhancement?.....  Yes  No

e. Have you had another policy exchange or replacement within the past 36 months? .....  Yes  No

f. How does this annuity better meet your financial goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. FINANCIAL INFORMATION**

1. What is your federal income tax bracket?.....  10%  15%  25%  28%  33%  35%

2. What will be your annual gross income after this proposed annuity purchase? ..... \$ \_\_\_\_\_

3. What are your annual living expenses, including annual debt payments? ..... \$ \_\_\_\_\_

4. After the purchase of this annuity, will you have sufficient income to meet your expenses?.....  Yes  No

5. Do you anticipate significantly higher expenses during the proposed annuity surrender period including medical expenses? .....  Yes  No

6. Do you anticipate significantly lower income during the proposed annuity surrender period?.....  Yes  No

7. What are your total liquid assets before the proposed annuity purchase? ..... \$ \_\_\_\_\_

Liquid assets may be:

- Savings/Checking/CDs
- Stocks/Bonds/Mutual Funds
- Retirement Plan Funds
- Life Insurance
- Cash Value of Annuities

8. What percentage of your liquid assets will the proposed annuity purchase be? (*Annuity purchase amount ÷ Line 7*)..... \_\_\_\_\_ %

9. Do you anticipate changes in your out-of-pocket medical expenses during the proposed annuity's surrender period?.....  Yes  No

10. Is your income sufficient to cover future changes in your household or medical expenses during the proposed annuity's surrender period?.....  Yes  No

11. Do you have an emergency fund for unexpected expenses? .....  Yes  No

12. If you answered yes to questions 5, 6 or 9, or no to questions 4, 10 or 11, please explain. \_\_\_\_\_  
\_\_\_\_\_

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Incomplete without all pages and signatures

**D. OTHER CONSIDERATIONS**

1. Do you anticipate a need to withdraw more than a penalty-free amount from this annuity during the surrender period?.....  Yes  No
2. Do you understand that if you withdraw more than a penalty-free amount from this annuity during the surrender period, you will incur a surrender charge?.....  Yes  No
3. What distributions do you anticipate from this annuity?  
(check all that apply) .....  Annuitization  Immediate income  
 Substantially Equal Periodic Payments  
 Required minimum distributions  Full surrender  
 Partial withdrawals  Interest-only payments
4. When do you anticipate taking your first distribution from this annuity? (choose one).....  1 year  2-5 years  6-7 years  
 8-10 years  Longer than 10 years
5. Do you understand that you may incur a 10% federal tax penalty for withdrawals before age 59½? .....  Yes  No
6. Does the owner currently reside in a nursing home or assisted living facility?.....  Yes  No
7. Describe your risk tolerance:
  - Conservative: I want to preserve my initial principal with minimal risk, even if that means the account does not generate significant income or returns and may not keep pace with inflation.
  - Moderate: I am willing to accept some risk to my initial principal and tolerate some volatility to seek higher returns, and understand I could lose a portion of money invested.
  - Aggressive: I am willing to accept maximum risk to my initial principal to aggressively seek maximum returns, and I understand I could lose most, or all, of the money invested.
8. Which of the following best describes your financial experience?
  - Very experienced: Good understanding of financial products, own a broad range of financial products, confident about financial decisions.
  - Moderate experience: General understanding of some financial products, own some financial products, willing to make some financial decisions.
  - Limited experience: Primary savings in certificates of deposit, savings/checking, money market funds; nervous about financial decisions.
9. What additional information should your insurance producer know before making a final annuity purchase recommendation?  
(Examples: expected major life changes, beneficiary needs, etc.)

\_\_\_\_\_

**Submit original with application. Leave copy with applicant. Keep copy in producer file.**

Incomplete without all pages and signatures

**E. OWNER DECLARATIONS AND ACKNOWLEDGMENT**

Please initial each statement if it is true:

\_\_\_\_\_ I represent that all statements and information provided herein are true and complete to the best of my belief and knowledge.

\_\_\_\_\_ I understand that should I provide incomplete or inaccurate information, I will limit the protection afforded to me by state law regarding the suitability of this purchase.

\_\_\_\_\_ I have reviewed the product-specific disclosure with my insurance broker, and I understand the costs and features of the annuity I am purchasing.

\_\_\_\_\_ I understand and acknowledge that The Standard and its representative do not offer legal, financial, tax, investment or estate-planning advice and I have had the opportunity to seek such advice from the proper sources before purchasing this annuity.

\_\_\_\_\_ I believe that the purchase of this annuity is appropriate to my particular legal, financial, tax, investment, and estate-planning goals, and other insurance needs.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signed In (city/state): \_\_\_\_\_

**F. INSURANCE BROKER DECLARATIONS AND ACKNOWLEDGMENT**

I have recommended the purchase of this annuity. (If applicable, I have also recommended replacing or exchanging existing annuities.)

The basis for my recommendation is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare that I have truly and accurately recorded on this form all of the information provided by the Purchaser(s). I have verified the identity of the Purchaser(s) with government-issued photo identification, and I believe the identity information provided to me is true and accurate. I have informed the Purchaser(s) of the various features of the annuity including tax penalties and fees. I believe that the Purchaser(s) will benefit from the annuity's features. Based on the facts disclosed to me by the Purchaser(s), and based on all circumstances known to me at the time the recommendation was made, I declare that this annuity purchase as a whole is suitable to the insurance needs and financial objectives of the Purchaser(s).

Insurance Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance License Number: \_\_\_\_\_

Standard Insurance Company Producer Identification No: \_\_\_\_\_

**Submit original with application. Leave copy with applicant. Keep copy in producer file.**

Incomplete without all pages and signatures



1 Contract Identification

POLICY NUMBER			
PAYOR NAME		PHONE	
ADDRESS	CITY	STATE	ZIP CODE

2 Financial Institution Account

FINANCIAL INSTITUTION NAME	FINANCIAL INSTITUTION TYPE <input type="checkbox"/> Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Savings and Loan
NAME ON ACCOUNT	ACCOUNT TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings

**Attach Void Check or Account Statement**

3 Authorization

I authorize and request that Standard Insurance Company electronically deposit payments into the designated account shown above. I authorize Standard Insurance Company to: (a) contact my financial institution to confirm the information above; and (b) resolve deposit problems. I understand that deposits will be delayed if I do not provide accurate and complete information on this form. This authorization will remain in full force and effect until I: (a) revoke it; or (b) it otherwise ends; as provided for below.

I agree to notify Standard Insurance Company as soon as reasonably possible of any changes to my account. I understand that if my account is closed or if the account number is changed: (a) this agreement will end; and (b) Standard Insurance Company will not be liable for any consequences of the failure to transfer to my account. If this agreement ends, I understand that any remaining payments will be made by check until a new designated account is set up.

I understand that I may continue to receive payment checks through the U.S. mail for one to two more payment cycles, until all necessary transactions have been completed between: (a) Standard Insurance Company; and (b) my financial institution. I further understand that my deposits may not be posted to my account until the evening of the due date.

I may end this authorization at any time. If I choose to do so, I will contact Standard Insurance Company at the address or telephone number shown above.

I am attaching: (a) an original void check (if I designated a checking account); or (b) a photocopy of that part of the statement that verifies my name and account number (if I designated a savings account). I understand that: (a) a photocopy of a check or a deposit slip is not sufficient; and (b) Standard Insurance Company will make deposits to only one account on my behalf.

\_\_\_\_\_ PAYOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



# The Standard<sup>®</sup>

Standard Insurance Company  
Individual Annuities 800.247.6888 Tel 800.378.4570 Fax  
1100 SW Sixth Avenue Portland OR 97204-1093 [www.standard.com](http://www.standard.com)

## Request for Rollover, Transfer or Exchange

### 1 Transferring Institution

COMPANY OR CUSTODIAN		PHONE	
STREET ADDRESS (NOT A POST OFFICE BOX)	CITY	STATE	ZIP CODE

### 2 Existing Policy or Account

OWNER(S)	OWNER SSNs (or TINs)		
ADDRESS	CITY	STATE	ZIP CODE
ANNUITANT(S), INSURED(S) OR PARTICIPANT	ANNUITANT, INSURED(S) OR PARTICIPANT SSNs (or TINs)		
BENEFICIARY (IF PARTICIPANT IS DECEASED)	BENEFICIARY SSN (or TIN)		
INVESTMENT VEHICLE <input type="checkbox"/> CD <input type="checkbox"/> Life Insurance <input type="checkbox"/> Annuity <input type="checkbox"/> Custodial Account <input type="checkbox"/> Other _____			ACCOUNT OR CONTRACT NUMBER(S)

### 3 Transaction Type (Complete section A or B.)

<b>A Qualified Funds</b> (For rollover, transfer or exchange <i>into</i> a 403(b) Tax-Sheltered Annuity, use form <b>12213-TSA-A.</b> )			
<b>Funds From</b> <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Inherited IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> 403(b) TSA <input type="checkbox"/> Qualified Pension or Profit Sharing Plan <input type="checkbox"/> Other: _____	<b>Funds To</b> <table style="width: 100%;"> <tr> <td style="width: 50%;">           Initiated by Participant  <input type="checkbox"/> Traditional IRA  <input type="checkbox"/> Roth IRA  <input type="checkbox"/> SEP IRA  <input type="checkbox"/> Qualified Pension                or Profit Sharing Plan  <input type="checkbox"/> Other: _____         </td> <td style="width: 50%;">           Initiated by Beneficiary  <input type="checkbox"/> Inherited IRA (Attach form 13668.)         </td> </tr> </table>	Initiated by Participant <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Qualified Pension or Profit Sharing Plan <input type="checkbox"/> Other: _____	Initiated by Beneficiary <input type="checkbox"/> Inherited IRA (Attach form 13668.)
Initiated by Participant <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Qualified Pension or Profit Sharing Plan <input type="checkbox"/> Other: _____	Initiated by Beneficiary <input type="checkbox"/> Inherited IRA (Attach form 13668.)		
Standard Insurance Company's Traditional IRA, Roth IRA, SEP and 403(b) contracts meet the requirements of Internal Revenue Code § 408(b), 408A, 408(k) and 403(b)(1) respectively.			
<b>B Non-Qualified Funds</b> Transaction Type: <input type="checkbox"/> Direct Transfer <input type="checkbox"/> 1035 Exchange  Additional Funds Forthcoming After This Transfer: <input type="checkbox"/> No <input type="checkbox"/> Yes: \$ _____  The undersigned owner(s) authorizes the transferring institution to liquidate and transfer the requested amount or percentage of the owner(s)'s rights, title and interest in the referenced account(s), without exception to Standard Insurance Company. This assignment is made to facilitate the exchange of all or a portion of the above-referenced policy for a new policy(ies) with Standard Insurance Company pursuant to Section 1035 of the Internal Revenue Code. The undersigned owner(s) understands and agrees that Standard Insurance Company is providing this form and participating in this exchange at the owner(s)'s request. The owner(s) acknowledges that Standard Insurance Company has not made, and will not make, any representations or warranties regarding the tax effects, if any, of this assignment, and any resulting taxes will be the sole responsibility of the owner(s). In consideration of Standard Insurance Company's willingness to participate in this exchange, the owner(s) accepts all responsibility for the validity of this assignment and releases Standard Insurance Company from any and all claims or liability resulting from this exchange. This Absolute Assignment shall be binding on the owner(s) and on the owner(s)'s personal representatives, heirs, successors and assignees. The owner(s) acknowledges and warrants that no other person has any interest in this policy, that no proceeding in bankruptcy is pending or has been filed affecting the policy, and that any collateral assignment of the policy has been properly released by the collateral assignee prior to the execution of this Absolute Assignment contract's benefits and provisions within a reasonable time.			

4 Lost Policy Statement (Applicable only to a full surrender to effect the rollover, transfer or exchange.)

The undersigned certifies that:

- The policy or contract is attached.
- The policy or contract is lost or has been destroyed. To the best of my knowledge it is not in anyone's possession.

5 Participant/Beneficiary Declaration (Complete only for rollover of 403(b) Tax-Sheltered Annuity funds.)

The undersigned requestor is a:

- Participant, older than age 59½, severed from employment or with another distributable event.
- The beneficiary of a deceased participant of the plan sponsor releasing these funds.
- Neither of the above.

6 Authorization

The undersigned owner(s) or beneficiary authorizes the transferring institution to liquidate and transfer

\_\_\_\_\_ % or \$ \_\_\_\_\_ as cash from the policy or account to Standard Insurance Company:

- Transfer Immediately (default action if no selection is made)
- Transfer on Maturity or Anniversary Date
- Transfer on \_\_\_\_\_

DATE

I(We) authorize disclosure of information to Standard Insurance Company as necessary to complete the requested transaction.

I(We) understand that the rollover, transfer or exchange will be effective on the date the check(s) is(are) received.

\_\_\_\_\_

OWNER OR BENEFICIARY SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_

OWNER SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_

GUARANTEE SIGNATURE (IF APPLICABLE)

\_\_\_\_\_

DATE

7 Request for Funds Transfer (To be completed only by an authorized Standard Insurance Company home-office employee.)

Standard Insurance Company is prepared to accept the assets as indicated in this document and will transfer the assets into a new or existing policy with Standard Insurance Company.

Standard Insurance Company (TIN #93-0242990) hereby requests that the above-documented surrender or partial withdrawal be transacted immediately. All proceeds, including any premiums, shall be payable and forwarded to:

Standard Insurance Company

FBO: \_\_\_\_\_

OWNER(S), ANNUITANT(S) OR BENEFICIARY NAME

Unit 36

P.O. Box 5000

Portland, OR 97208-5000

Please refer to the Standard Insurance Company annuity contract number: \_\_\_\_\_

CONTRACT NUMBER

The requested action is a 1035 Exchange, therefore please:

- Provide Cost Basis (see the enclosed Request For Cost Basis And Balance form).

\_\_\_\_\_

AUTHORIZED STANDARD INSURANCE COMPANY HOME OFFICE EMPLOYEE

\_\_\_\_\_

DATE

## Withholding Certificate for Michigan Pension or Annuity Payments

**INSTRUCTIONS:** Use Form MI W-4P to notify pension administrators of the correct amount of Michigan income tax to withhold from your pension or annuity payment(s). You may also use this form to choose not to have any Michigan income tax withheld from your payment(s). Military pensions and pensions paid by the Railroad Retirement Board are exempt from tax and withholding.

Entities subject to Michigan taxes that disburse pension or annuity payments are required to collect withholding if the payment is expected to be taxable unless **you opt out using this form** (see instructions for line 1). Entities over which Michigan does not have jurisdiction are not required to withhold Michigan income tax from your pension or annuity payment(s). If your pension administrator does not withhold, you may need to make estimated income tax payments to avoid owing penalty and interest. For further information, see General Instructions on page two, the *Michigan Estimated Income Tax for Individuals* (MI-1040ES) or consult a tax advisor.

If you have more than one pension administrator, you will need to complete a form for each pension or annuity. If you do not file MI W-4P, the administrator may withhold even if you will not owe tax on your pension income. **See instructions on page two.**

GENERAL INFORMATION		
Name	Social Security Number	
Mailing Address (Number, Street, P.O. Box)		
City	State	ZIP Code
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married (withhold the same as "Single")		

**Check only ONE box. For joint filers, the age of the oldest spouse determines the age category.**

- 1. Check here if your pension or annuity payments are not taxable or you wish to opt out. See lines 7 or 8 for additional voluntary withholding. **NOTE:** Opting out may result in a balance due on your MI-1040 as well as penalty and/or interest.
- 2. Check here if you (or your spouse if older) were born before 1946. See instructions for line 2.
- 3. Check here if you (or your spouse if older) were born during the period 1946 through 1952 (deduction is \$20,000 single/\$40,000 joint). See instructions for line 3.
- 4. Check here if you were born during the period 1946 through 1952 and your pension or retirement benefits were from employment with a governmental agency that was not covered by the Social Security Act (deduction is \$35,000 single/\$55,000 joint).
- 5. Check here if you (and your spouse) were born after 1952. See instructions for line 5.

6. Enter number of personal exemptions allowed on your *Michigan Income Tax Return* (MI-1040). Do not claim more than your allowable personal exemptions on all MI W-4s (wages) or MI W-4P forms combined.

6.	
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**Additional Voluntary Withholding from Pension or Annuity Payment:**

- 7. **Voluntary percentage amount** you want withheld from each pension or annuity payment (if permitted by your pension administrator). This amount must be a percentage.
- 8. **Voluntary dollar amount** you want withheld from each pension or annuity payment (if permitted by your pension administrator).

7.		%
8.		00

AUTHORIZATION	
Signature	
Printed or Typed Name and Title	Date

**Sign and return this completed form to the administrator of your pension or annuity. Keep a copy for your records.**

Visit [www.michigan.gov/taxes](http://www.michigan.gov/taxes) for additional information.



## Instructions for Completing MI W-4P, Withholding Certificate for Michigan Pension or Annuity Payments

### General Instructions

Significant income tax changes took effect in 2012 and going forward. As a result, your pension payment may be subject to tax and an underpayment may result if the incorrect amount of tax is withheld. These changes may result in a balance due if the incorrect amount is withheld from pension or annuity payment(s). Caution: Some benefits do not meet the definition of "pension and retirement benefits" under Michigan's individual income tax laws and are not eligible for subtraction on your Michigan income tax return. Visit [www.michigan.gov/taxes](http://www.michigan.gov/taxes) for additional information. For these instructions the words "retirement benefits" mean pensions, annuities, and other retirement benefits.

Taxpayers born before 1946 may deduct all retirement benefits paid from public employment and retirement benefits from private plans up to \$48,302 on a single return or \$96,605 on a joint return. Recipients born during the period 1947 through 1952 are eligible to deduct retirement benefits up to \$20,000 for single or married filing separate taxpayers, or \$40,000 if married filing a joint return. For joint filers, the age of the oldest spouse determines the age category.

For tax year 2013, single recipients born in 1946 or recipients filing a joint return where the older spouse was born in 1946 are eligible to deduct \$20,000 (or \$40,000 if filing a joint return) against all income, not just retirement benefits. Recipients born in 1946 may continue to use the MI W-4P so that they have the appropriate amount withheld from their income.

Recipients born after 1952 may not deduct retirement benefits on the *Michigan Income Tax Return* (MI-1040).

**Multiple pensions:** If you (and your spouse) receive multiple pension payments, your withholding on those payments may not cover your entire tax liability. Married couples where each spouse receives retirement benefits may choose to have withholding calculated as if each was single on the MI W-4P and select one personal exemption in order to have sufficient withholding to cover the tax liability. Taxpayers with multiple pensions may need to make quarterly estimated payments (MI-1040ES) or consult a tax advisor to ensure the proper amount is withheld or paid through estimated payments.

**Estimated Payments:** There are penalties for not paying enough state income tax during the year, either through withholding or estimated tax payments. Taxpayers who choose not to have tax withheld from their retirement benefits may be required to make estimated tax payments. Refer to Form MI-1040ES for estimated tax requirements.

**When should I complete this form?** Complete Form MI W-4P and give it to the administrator of your retirement benefits as soon as possible.

Your tax situation may change from year to year; you may want to evaluate your withholding each year. You can change the amount to be withheld by submitting an updated Form MI W-4P to your pension administrator at any time.

**Is every pension administrator required to withhold Michigan tax?** Only companies over which Michigan has taxing jurisdiction are required to withhold Michigan tax from your retirement benefits. If your pension administrator does not fall under Michigan jurisdiction, you may request to have Michigan

tax withheld, but the company is not required to do so. If no taxes are withheld from your payments, it is likely you will be required to make estimated payments in place of the withholding. Contact your pension and/or annuity administrator to verify whether tax will be withheld from your payments.

### Line-by-Line Instructions

**Line 1:** You may opt out of withholding tax from your retirement benefits if you believe you will not have a balance due on your MI-1040. If you (and your spouse) opt to have no Michigan tax withheld from your retirement benefits by checking the box on line 1, it may result in a balance due on your MI-1040 as well as penalty and/or interest.

**Line 2:** If you (or your spouse) were born prior to 1946, all benefits from public sources are exempt and benefits from private sources may be subtracted up to \$48,302 for a single filer or married filer filing separately or \$96,605 if married filing a joint return for the 2013 tax year. In addition, benefits that will be rolled into another qualified plan or IRA will not be taxable if the amount rolled over is not included in federal adjusted gross income (AGI). Any private retirement benefits in excess of the limits above are taxable.

**Line 3:** If you, or your spouse if your spouse is older than you, were born in 1946 you may deduct the Michigan standard deduction equal to \$20,000 (\$40,000 on a joint return) from your taxable income instead of retirement benefits. If you (or your spouse if older) were born during the period 1947 through 1952, the first \$20,000 for single filers or \$40,000 for joint filers of all private and public pension and annuity benefits may be subtracted from Michigan taxable income. Benefits in excess of these limits are taxable.

**Line 4:** If you were born during the period 1947 through 1952 and received retirement benefits from employment with a governmental agency that was exempt from the Social Security Act, the first \$35,000 for single filers or \$55,000 for joint filers of all retirement benefits may be subtracted from Michigan taxable income. The Michigan standard deduction for those born in 1946 is also increased by \$15,000 if you received retirement benefits from employment with a governmental entity that was exempt from the Social Security Act.

**Line 5:** If you (and your spouse) were born after 1952, all private and public retirement benefits are fully taxable and may not be subtracted from Michigan taxable income.

**Line 6:** Enter personal exemptions you are claiming for withholding. Do not claim more than your allowable personal exemptions on all MI W-4s (wages) or MI W-4P forms combined.

**Line 7:** You may designate additional withholding if you expect to owe more than the amount withheld. The amount on line 7 must be a percentage. Check with your pension administrator to see if they permit additional withholding.

**Line 8:** If allowed by your pension administrator, you may enter an additional dollar amount to be withheld from each payment.

**Failure to have sufficient tax withheld from your retirement benefits may result in a balance due on your MI-1040 as well as penalty and/or interest.**